

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	RSR	70891	9/24
<b>O.I.P.E. CLASSIFIER</b>			9/27/00
<b>FORMALITY REVIEW</b>	JM	72223	11/8/00
<b>RESPONSE FORMALITY REVIEW</b>	MO	2911	07/30/01

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	3/23/01
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18	✓
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Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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